

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

☒ Original      ☐ Supplemental      ☐ Substitute      ☐ PCT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **"METHODS OF EVALUATING EFFICACY OF AN IMMUNE REPOSE BY ASSESSING ALPHA-1 INTEGRIN EXPRESSION"**, which is described and claimed in the specification

(Check one) ☐ which is attached hereto, or  
☐ which was filed on **August 11, 2006**, as United States Application No. 10/589,152 and with amendments through (if applicable), or  
☒ in International Application No. PCT/US2005/004900, filed February 17, 2005, which subsequently entered the national phase of prosecution and was assigned Application No. **10/589,152**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known by me to be material to the patentability of the claims of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) or §365(b) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATIONS: (Enter Below If Applicable)			PRIORITY CLAIMED (Mark Appropriate Box Below)	
APPLICATION NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Address all telephone calls to David E. Huizenga at telephone no. (678) 420-9300.

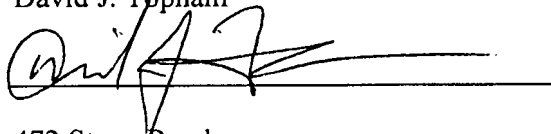
Address all correspondence to the address associated with:

## Customer No. 23859

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: David J. Topham

Inventor's Signature:



Date:

5/31/07

Residence:

472 Stone Road  
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Post Office Address:

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Citizenship:

US

Full Name of Inventor: Steven J. Ray

Inventor's Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Residence:

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Full Name of Inventor: David J. Topham

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: 472 Stone Road  
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Full Name of Inventor: Steven J. Ray

Inventor's Signature: Steven J. Ray Date: April 9, 2007

Residence: 1508 Milhous Drive  
Cary, North Carolina 27513

Post Office Address: Same as above

Citizenship: US

State of North Carolina

County of Durham

I, Donice J. Tyson, a Notary Public for Durham County, North

Carolina do hereby certify that Steven J. Ray personally appeared

before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 9th day of April, 2007

Donice J. Tyson  
Notary Public

My commission expires June 19, 2011

